| TRANSMITTAL for FY 2005 Petent fees are subject to ennuel revision. Applicant claims small entity status. See 37 CFR 1.27. TOTAL AMOUNT OF PAYMENT (\$) 0.00 METHOD OF PAYMENT (check all that apply) | Application Number Filing Date First Named Inventor Examiner Name Art Unit | 10/721,636 November 24, 2003 Dong Woo Suh |
|---|--|---|
| Petent fees are subject to annual revision. Applicant claims small entity status. See 37 CFR 1.27. TOTAL AMOUNT OF PAYMENT (\$) 0.00 | Filing Date First Named Inventor Examiner Name Art Unit | November 24, 2003 |
| Petent fees are subject to annual revision. Applicant claims small entity status. See 37 CFR 1.27. TOTAL AMOUNT OF PAYMENT (\$) 0.00 | Examiner Name Art Unit | |
| TOTAL AMOUNT OF PAYMENT (\$) 0.00 | Art Unit | |
| TOTAL AMOUNT OF PAYMENT (\$) 0.00 | | Bernatz, Kevin M |
| (4) | AMarana Dankakkla | 1773 |
| METHOD OF DAVMENT Johnsk oil that apply | Attorney Docket No. | 5882P062 |
| METHOD OF PATMENT (Check all that apply) | | |
| ☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ | Other (please identify): | |
| Deposit Account Deposit Account Number: 02-2666 | Deposit Account Name | e: Blakely, Sokoloff, Taylor & Zafman |
| For the above-identified deposit account, the Director is | s hereby authorized to: (e | check all that apply) |
| Charge fee(s) indicated below | Charge fee(s) | indicated below, except for the filing fee |
| Charge any additional fee(s) or underpayment of fe | | • |
| under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. | Cicuit ally 0 | · o.puj.iioiio |
| FEE CALCULATION | **** | |
| | | |
| 1. EXTRA CLAIM FEES Extra Fee from Claims below Fee Paid | | |
| Total Claims 14 20 0 x 25.00 50.00 | | |
| Independent 3 3 3 0 X 100.00 = \$0.00 | | |
| Multiple Dependent = | | |
| Large Entity Small Entity | • | |
| Fee Fee Fee Fee Description Code (\$) Code (\$) | • | |
| 1202 50 2202 25 Claims in excess of 20 | | |
| 1201 200 2201 100 Independent claims in excess of 3 | | |
| 1204 300 2204 150 "Reissue independent claims over original petent | **or numb | er previously paid, if greater, For Reissues, see below |
| 1205 300 2205 150 "Reissue claims in excess of 20 and over original p | catent | |
| SUBTOTAL (1) (\$) 0.00 | • | |
| 2 ADDITIONAL FEES | | |
| Large Entity Small Entity | | |
| Fee Code (\$) Code (\$) Fee Description | | Fee Paid |
| 1051 130 2051 65 Surcharge - late filing fee or cath | | |
| 1052 50 2052 25 Suncharge - late provisional fiting fee or cover sh | ect. | |
| 2053 130 2053 130 Non-English specification 1251 120 2251 60 Extension for reply within first month | | |
| 1252 450 2252 225 Extension for reply within second month | | |
| 1253 1,020 2253 510 Extension for reply within third month 1254 1,590 2254 796 Extension for reply within fourth month | | |
| 1255 2,160 2255 1,080 Extension for reply within fifth month | | |
| 1402 500 2402 250 Filing a brief in support of an appeal | | |
| 1403 1,000 2403 500 Request for oral hearing 1451 1,510 2451 1,510 Petition to institute a public use proceeding | | |
| 1460 130 2460 130 Petitions to the Commissioner | | |
| 1807 80 1807 50 Processing fee under 37 CFR 1.17(q) 1808 180 1808 180 Submission of Information Disclosure Stmt | | |
| 1809 790 1809 395 Filing a submission after final rejection (37 CFR) | § 1.129(a)) | |
| 1810 790 2810 365 For each additional invention to be examined (37 Other fee (specify) | CFR § 1.129(b)) | |
| SUBTOTAL (2) | _ | (\$) |
| SUBMITTED BY | | Complete (if applicable) |

Date

Bested on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zefman (NF) / 15/2004. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexendria, VA 22313-1450